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## BIB DATA SHEET

CONFIRMATION NO. 1854

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|---------------|-----------------------|-------|----------------|---------------------|
| 10/511,284    | 04/21/2005<br>RULE    | 435   | 1637           | 13634PCTUS          |

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP03/03984 04/16/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

EUROPEAN PATENT OFFICE (EPO) 02076494.0 04/16/2002

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*\* SMALL ENTITY \*\***  
 03/14/2008

| Foreign Priority claimed                                       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met                                 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |                  |                 |              |                    |
| Verified and<br>/SAMUEL C<br>WOOLWINE/<br>Examiner's Signature |   | Initials                                     | NETHERLANDS      | 3               | 9            | 1                  |
| Acknowledged   |   |  |                  |                 |              |                    |

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**TITLE**

Human Papilloma Virus Detection With Dna Microarray

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>540 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                                   |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                   |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                   |   | <input type="checkbox"/> Other _____                         |
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